

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF SELECTION SERVICES**

**SUPPLEMENTAL APPLICATION EXAMINATION FOR
SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)
SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SUPERVISOR)**

Read instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for **Senior Psychologist, Correctional Facility (Specialist) and/or Senior Psychologist, Correctional Facility (Supervisor)** with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location and time bases you are interested in working.

This supplemental application will be 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a low score.

Candidate's Name: _____

Social Security Number: _____

Address: _____

****In order to expedite the hiring process phone numbers are required****

Home/Cellular Phone Number: _____

Work Phone Number: _____

Signature

Date

I certify that all the statements I have made in this application are true and correct.

MAILING INSTRUCTIONS:

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 to the address listed below. You may download a copy of the State application from the State Personnel Board's website at www.spb.ca.gov

**MAIL COMPLETED
STD. 678 AND
SUPPLEMENTAL
APPLICATION TO:**

California Department of Corrections and Rehabilitation
Selection Services Section
P. O. Box 942883
Sacramento, CA 94283-0001

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)
SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SUPERVISOR)
SUPPLEMENTAL APPLICATION**

Name: _____

MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.

Senior Psychologist, CF Specialist:

Possession of a valid license as a Psychologist issued by the California Board of Psychology and possession of an earned Doctorate Degree in Psychology from an educational institution meeting the criteria of Section 2914 of the Medical Board of California's Business and Professions Code.

Individuals who do not qualify for licensure by the California Board of Psychology or who are in the process of securing this license will be admitted into the examination and may be appointed, but must secure a valid license within three years of an appointment or the employment shall be terminated. For persons employed less than full time, an extension of a waiver of licensure may be granted for additional years proportional to the extent of part-time employment, as long as the person is employed without interruption in service, but in no case shall the waiver exceed five years.

(Unlicensed individuals who are recruited from outside the State of California and who qualify for licensure may take the examination and may be appointed for a maximum of two years at which time licensure shall have been obtained or the employment shall be terminated. Additionally, they must take the licensure examination at the earliest possible date after the date of employment.)

Senior Psychologist, CF Supervisor:

License: Possession of a valid license as a Psychologist issued by the California Board of Psychology and possession of an earned Doctorate Degree in Psychology from an educational institution meeting the criteria of Section 2914 of the Medical Board of California's Business and Professions Code.

Individuals who do not qualify for licensure by the California Board of Psychology or who are in the process of securing this license will be admitted into the examination however, applicants must first secure a license to practice as a psychologist in California before they will be eligible for appointment.

And

Experience Required for both the Specialist and the Supervisor

Either

1. One year of experience in the California state service performing the duties of a Psychologist – Clinical, Correctional Facility or Staff Psychologist (any specialty), **or**
2. Two years of postdoctoral, post internship experience in the practice of psychology involving assessment and treatment and either training, research, consultation or program-planning in mental health.

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)
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SUPPLEMENTAL APPLICATION**

Name: _____

1. Do you possess a Doctorate Degree in Psychology from an educational institution meeting the criteria of Section 2914 of the Medical Board of California Business and Professions Code?

☐ **YES** Indicate Educational Institution _____

☐ **NO** Name City State

2. Do you possess a valid license as a Psychologist issued by the California Board of Psychology?

☐ **YES** Indicate License Number _____ Expiration Date _____

☐ **NO**

3. If you do not possess a valid license as a Psychologist issued by the California Board of Psychology, are you willing to secure the required license as stipulated in the minimum qualifications listed above?

☐ **YES**

☐ **NO** (If you answer "No," your application will not be accepted for this examination.)

Note to applicants who are not licensed: If not licensed, please submit your "qualifying, official sealed transcripts" to: Department of Corrections and Rehabilitation, Health Care Services Division, P. O. Box 942883, Sacramento, CA 94283-0001, Attn: Credential Coordinator.

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)
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Name: _____

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Are you willing to work at correctional facilities and/or parole outpatient clinics in the Department of Corrections and Rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to treat inmates in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to treat youthful offenders in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to treat parolees in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to work among inmates including some who may be mentally ill, developmentally disabled, potentially dangerous, or sex offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to work among youthful offenders including some who may be mentally ill, developmentally disabled, potentially dangerous, or sex offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to work among parolees, including some who may be mentally ill, developmentally disabled, potentially dangerous, or sex offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to work with inmates who may be infected with contagious diseases such as Hepatitis C, or HIV/AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you willing to work with youthful offenders who may be infected with contagious diseases such as Hepatitis C, or HIV/AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you willing to work with parolees who may be infected with contagious diseases such as Hepatitis C, or HIV/AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you willing to abide by and adhere to institutional safety and security policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are you willing to abide by and adhere to parole outpatient clinic safety and security policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are you willing to wear protective clothing and apparatus as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are you willing to abide by and adhere to the institutional/outpatient clinic dress code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are you willing to complete on-going education specific to licensure, and required in-service training (IST)/on-the-job training (OJT)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)
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Name: _____

LICENSES/MEMBERSHIPS/QUALIFICATIONS

Please indicate if you possess any of the following licenses, memberships, and/or qualifications by marking the appropriate box(es):

19. Valid license as a Psychologist in California or another State.	<input type="checkbox"/>
20. Medical Staff membership/hospital privileges	<input type="checkbox"/>
21. Qualified clinical supervision	<input type="checkbox"/>
22. APA approved internship or fellowship in a forensic setting	<input type="checkbox"/>
23. Diplomate from the American Board of Professional Psychology and/or Forensic Psychology	<input type="checkbox"/>
24. Published articles in professional journals	<input type="checkbox"/>
25. Post graduate degree in another field	<input type="checkbox"/>
26. Teaching collegiate or graduate level courses in Psychology	<input type="checkbox"/>
27. Professional Organization Membership (e.g., American Psychological Association (APA), California Psychological Association, National Commission on Correctional Health Care, other State's Psychological Association Membership, etc.)	<input type="checkbox"/>

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)
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Name: _____

WORK EXPERIENCE	FREQUENCY				LEVEL OF SKILL		
	Performed or supervised task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
Note to Applicant: Please read instructions carefully. Under "Work Experience," for items #28-51: Frequency: 1. Indicate if you have performed or supervised this task within the last 24 months; <u>and</u> 2. Even if you have <u>not</u> performed task in the last 24 months, indicate how often you had performed this task (e.g. select one box from "weekly" "monthly" and "annually" column) Level of Skill: 1. Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)							
28. Consult with medical and non-medical personnel (e.g., physical rehabilitation, education, nursing, custody, etc) regarding program planning, implementation and evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Implement time-limited projects in area of expertise to enhance existing programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Perform program evaluation studies on new and/or existing programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Develop working relationships with other governmental agencies and/or entities (e.g., Department of Mental Health, County Mental Health Offices, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Provide educational and training seminars on clinical topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Train custodial and/or other non-mental health care staff on mental health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Develop, implement and review policies and procedures to ensure proper standardization of mental health care and compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Maintain awareness of inmate and/or patients' activities and their environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Maintain safety of working areas and work materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Plan federally mandated mental health programs and other special programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Implement federally mandated mental health program and other special programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Assess/screen patients to determine their clinical needs, risk levels, level of care, or appropriate program placements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Prepare clinical assessments, progress reports and treatment recommendations on assigned patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)
SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SUPERVISOR)
SUPPLEMENTAL APPLICATION**

Name: _____

WORK EXPERIENCE, CONTINUES	FREQUENCY				LEVEL OF SKILL		
Note to Applicant: Please read instructions carefully. Under "Work Experience," for items #28-51. Frequency: 1. Indicate if you have performed or supervised this task within the last 24 months; <u>and</u> 2. Even if you have <u>not</u> performed task in the last 24 months, indicate how often you had performed this task (e.g. select one box from "weekly" "monthly" and "annually" column) Level of Skill: 1. Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)	Performed or supervised task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
41. Conduct various forms of group and individual therapy, cognitive behavior therapy and other forms of behavior modification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Maintain professional standards concerning patient confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Document patient contacts by recording assessments, progress notes, treatment plans, chronos, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Consult with medical and mental health personnel regarding the findings of medical examinations and evidence of organic disturbances related to behavior disorders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Select, administer, score and interpret personality, intelligence and other psychological tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Perform crisis intervention with patients to manage psychological crises and determine the appropriate level of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Direct treatment of patients to reduce symptom severity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Produce psychological reports to provide information to specific agencies as required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Participate in quality management activities and committees, and/or peer review to identify clinical areas that need improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Conduct psycho-educational groups, pre-release groups and individual therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. On request, testify as an expert witness in court proceedings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)
SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SUPERVISOR)
SUPPLEMENTAL APPLICATION**

Name: _____

THE FOLLOWING TWO AREAS ARE FOR SENIOR PSYCHOLOGIST, CF. (SUPERVISOR) CANDIDATES ONLY.

If you are only applying for the Senior Psychologist (Specialist), C.F examination, please proceed to the “Conditions of Employment and Recruitment Questionnaire” Pages.

SUPERVISORY/ADMINISTRATIVE EXPERIENCE	FREQUENCY				LEVEL OF SKILL		
Note to Applicant: Please read instructions carefully. Under “Work Experience,” for items #52-58: Frequency: 1. Indicate if you have performed or supervised this task within the last 24 months; <u>and</u> 2. Even if you have <u>not</u> performed task in the last 24 months, indicate how often you had performed this task (e.g. select one box from "weekly" "monthly" and "annually" column) Level of Skill: 1. Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)	Performed or supervised task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
52. Coordinate the work of a multidisciplinary treatment staff for a specific mental health program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Supervise the clinical work of psychologists or other clinicians in areas such as program operation and evaluation, psychological assessments and/or outcome-based treatment modalities of inmate-patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Participate in supervisory meetings, and/or medical staff committees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Participate in the recruitment, selection and hiring of mental health staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Oversee the training and development of staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Initiate and/or participate in the disciplinary process of mental health staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Write corrective action plans, and/or administrative reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)
SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SUPERVISOR)
SUPPLEMENTAL APPLICATION**

Name: _____

SUPERVISION OF VARIOUS DISCIPLINES EXPERIENCE

Please check the box(es) that indicates the classification(s) you have functionally supervised after receiving your license.

- 59. ☐ Psychiatrist
- 60. ☐ Psychologist
- 61. ☐ Psychometrist
- 62. ☐ Social Workers
- 63. ☐ Marriage and Family Therapists
- 64. ☐ Substance Abuse Counselors
- 65. ☐ Recreational Therapists
- 66. ☐ Registered Nurses
- 67. ☐ Psychiatric Technicians
- 68. ☐ Interns/Practicum Students

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SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SUPERVISOR)
SUPPLEMENTAL APPLICATION**

Name: _____

CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or you do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time ☐ (R) Permanent Part-Time ☐ (K) Limited-Term Full-Time ☐ (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ (5) ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.

☐ 7238 **UPPER NORTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

<input type="checkbox"/> 0802 Pelican Bay State Prison Crescent City, Del Norte County	<input type="checkbox"/> 1802 California Correctional Center Susanville, Lassen County	<input type="checkbox"/> 1805 High Desert State Prison Susanville, Lassen County
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☐ 7231 **NORTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

<input type="checkbox"/> 0309 Mule Creek State Prison Ione, Amador County	<input type="checkbox"/> 3417 Richard A. McGee Correctional Training Center, Galt, Sacramento County
<input type="checkbox"/> 3423 CSP, Sacramento Represa, Sacramento County	<input type="checkbox"/> 3901 Deuel Vocational Institution Tracy, San Joaquin County
<input type="checkbox"/> 4804 California Medical Facility Vacaville, Solano County	<input type="checkbox"/> 4811 CSP, Solano Vacaville, Solano County
<input type="checkbox"/> 2102 CSP, San Quentin San Quentin, Marin County	<input type="checkbox"/> 5505 Sierra Conservation Center Jamestown, Tuolumne County
<input type="checkbox"/> 3400 Headquarters Sacramento, Sacramento County	
<input type="checkbox"/> 3404 Folsom State Prison Represa, Sacramento County	

YOUTH FACILITIES:

<input type="checkbox"/> 0307 Preston YCF Ione, Amador County
<input type="checkbox"/> 3908 O.H. Close YCF Stockton, San Joaquin County
<input type="checkbox"/> 3917 N.A. Chaderjian YCF Stockton, San Joaquin County
<input type="checkbox"/> 3907 Northern California YCF Stockton, San Joaquin County
<input type="checkbox"/> 0311 Pine Grove Youth Pine Grove, Amador County

☐ 7232 **CENTRAL REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

<input type="checkbox"/> 1015 Pleasant Valley State Prison Coalinga, Fresno County	<input type="checkbox"/> 2003 Central California Women's Facility Chowchilla, Madera County
<input type="checkbox"/> 1513 Wasco State Prison Reception Center, Wasco, Kern County	<input type="checkbox"/> 2004 Valley State Prison for Women Chowchilla, Madera County
<input type="checkbox"/> 1514 North Kern State Prison Delano, Kern County	<input type="checkbox"/> 2701 Correctional Training Facility Soledad, Monterey County
<input type="checkbox"/> 1522 Kern Valley State Prison Delano, Kern County	<input type="checkbox"/> 2708 Salinas Valley State Prison Soledad, Monterey County
<input type="checkbox"/> 1605 Avenal State Prison Avenal, Kings County	<input type="checkbox"/> 4005 California Men's Colony San Luis Obispo, San Luis Obispo County
<input type="checkbox"/> 1606 CSP, Corcoran Corcoran, Kings County	<input type="checkbox"/> 1608 California Substance Abuse Treatment Facility, Corcoran, Kings County

☐ 7233 **SOUTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

<input type="checkbox"/> 1307 Calipatria State Prison Calipatria, Imperial County (North)	<input type="checkbox"/> 3313 Chuckawalla Valley State Prison Blythe, Riverside County
<input type="checkbox"/> 1308 Centinela State Prison Imperial, Imperial County (South)	<input type="checkbox"/> 3329 Ironwood State Prison Blythe, Riverside County
<input type="checkbox"/> 1503 California Correctional Institution Tehachapi, Kern County	<input type="checkbox"/> 3612 California Institution for Men Chino, San Bernardino County
<input type="checkbox"/> 1995 CSP, Los Angeles Lancaster, Los Angeles County	<input type="checkbox"/> 3613 California Institution for Women Corona, San Bernardino County
<input type="checkbox"/> 3310 California Rehabilitation Center Norco, Riverside County	<input type="checkbox"/> 3715 R. J. Donovan Correctional Facility at Rock Mountain San Diego, San Diego County

YOUTH FACILITIES:

<input type="checkbox"/> 3628 Heman G. Stark YCF Chino, San Bernardino County
<input type="checkbox"/> 1967 Southern Youth Correctional Reception Center & Clinic Norwalk, Los Angeles County
<input type="checkbox"/> 5610 Ventura YCF Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address: CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center.

**SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SPECIALIST)
SENIOR PSYCHOLOGIST, CORRECTIONAL FACILITY (SUPERVISOR)
SUPPLEMENTAL APPLICATION**

Name: _____

RECRUITMENT QUESTIONNAIRE

These questions are not part of the examination but are for the hiring authority's information.

Check the box that best describes how you found out about the Senior Psychologist (Specialist) and/or Supervisor, Correctional Facility Examination?

1. How did you hear about the position?

- College Recruitment
- CDCR Employee/Relative
- CDCR Website
- Job Fair/Career Event (California)
- Job Fair/Career Event (Out-side California)
- Advertisement in Magazine/Journal
- Mailer
- Newspaper
- Internet Search (Career Builder, Google, AOL, etc.)
- State Personnel Board (SPB)

2. What was your reason for selecting CDCR as your place of employment?

- Competitive Salary
- Benefits
- Retirement
- Career Challenge
- Gain Experience in a Correctional Setting
- Flexible Shifts
- Opportunity
- All of the above

3. How likely are you to recommend our Department to others?

- Not Likely 1 2 3 4 5 Highly Likely